THE

MEDICAL AND SURGICAL REPORTER.

Whole Series, No. 317. } PHILADELPHIA, NOVEMBER 15, 1862. { New Series, Vol. IX. No. 7.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

[For the Medical and Surgical Reporter.]

ROUGH NOTES

Of an Army Surgeon's experience during the Great Rebellion.

By J. Theodore Calhoun,

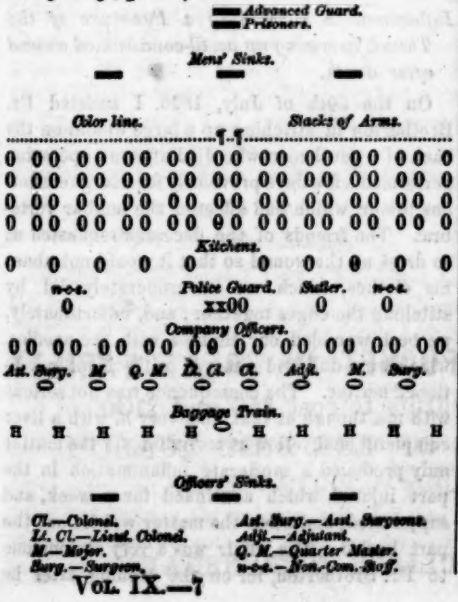
Surgeon, 5th Regiment, Excelsior Brigade, N. Y. V.

No. 5.

TENTS—WARMING AND VENTILATION OF.

There are four principal varieties of tents in use in the army of the United States. They are the Sibley, the wall, the wedge or A shaped, and the shelter tent.

Whatever tent is used there is a certain form observed in the laying out of a camp as illustrated in the following diagram, (*Vide Rev. Army Reg., p.* 76.)



Freqently from the absence of the requisite number of tents, or from want of space, this form is departed from somewhat, but care is always taken to conform to it as nearly as possible. Whenever there is room it is advisable to separate the tents further from one another, and to widen the company streets and officers' avenues.

The Sibley tent is the tent most frequently used when in camps more or less permanent. The wedge tent is also used in permanent camps. Camp Convalescent, for convalescent soldiers, located near Alexandria, is a more or less permanent camp, and wedge tents are chiefly used. The wall tent is seldom issued except to officers and hospital. The hospital wall tent being twice the size of the officers "wall." The shelter tent is that used by troops on an active campaign.

The coolest tent, and the one best adapted to summer use, is the wall tent. It has a fly or double roof, and is altogether the most economical of space. The Sibley tent is decidedly the warmest tent, and therefore best adapted for use in winter. The shelter tent is the one peculiarly adapted to campaigning. It is made of several squares of linen or cotton cloth so arranged that each of the soldiers inhabiting it carries one piece strapped upon his knapsack. It is light and easily transported in this manner; requires only a couple of crotched sticks with a third stick to lay across as its "poles," and is "pitched" in a very few moments. When pitched it is in the shape of an inverted V, and at the ridge is about two and a half or three feet high. These little tents are really very comfortable for a summer campaign. They afford a protection from the sun, and the force of the rain, and from the dew at night. A soldier can always have his tent with him, and camp can be pitched at any moment without waiting for the arrival of the baggage train. It would surprise a civilian to see, after a day's march, how soon a little village, or sometimes quite a city, of these tents rise as if by magic.

For the winter season the "Sibley" is incomparably superior. In form it is somewhat like the frustrum of a cone. It is supported by a pole in the centre which rests on an iron tripod. At the top of the tent is an admirable arrangement for ventilation. A fire may be built under the tripod, the smoke escaping as in a Comanche lodge from the aperture at the top, or what is preferable a Sibley stove may be used. This is simply a conical cylinder of sheet iron with a little aperture at the bottom for the admission of the air, and a door upon the side for the introduction of fuel. A common stove pipe fitted to this runs up alongside the pole and through the ventilator at the top of the tent. This leaves little or nothing to be desired.

A wall to the tent gives much more room, and is usually obtained by elevating the tent upon logs driven in the ground or excavating the earth in the interior to a depth of several feet, care being taken to leave sufficient earth in the centre for the support of the tripod and pole.

Although the Sibley is preferable for winter service, it by no means follows that men can not live comfortably in wall or wedge tents. By ripping up a seam and thus making an aperture in the wall of the tent, and building alongside of it a chimney of logs covered with mud, or of turf, or stones, or brick, the tent can be well warmed and perfectly ventilated. During some of the coldest weather last winter my hospital tents were well warmed by log chimneys built in the manner just stated, and surmounted by a couple of empty pork barrels to give them sufficient elevation to secure a draft.

The wedge tents can be best warmed by excavating a cellar within them of from two to three feet deep, walling it with logs, and digging a furnace out of the earth on one side, surmounted by a barrel or log chimney.

My regiment was a good portion of last winter in wedge tents, and afterward in log huts, both of which were in many cases warmed by means of what was called a *Calorifere*. They were introduced by an old French soldier in my regiment, and are similar to the camp furnaces of the California miner. They are in form and principle more allied to a reverberatory furnace then anything else. They are made of brick, stone or turf covered with clay, and terminate in a chimney made of sticks covered with clay. The dome of the furnace is frequently surmounted with an inverted mess pan for the better convenience of warming a cup of coffee.

These Caloriferes are very economical of fuel, and are liable to the fault that they generate too much heat and the tent is apt to be too warm. They can however be regulated as well as a stove, and as I write, the keen October frost is not felt within my canvass habitation, which is warmed by one of these Caloriferes.

We were camped nearly the whole of last winter upon the bluff at Liverpool Point, Md., on the lower Potomac nearly opposite Acquia creek. The river is nearly three miles wide, and the wind has full sweep. It was a bleak cold place. Our tents were old wedge and wall—worn out and thread bare—my own tent was a large old wall tent—we had no floors, and yet we kept warm and comfortable, and mid ice and snow, wind and storm, we managed to live as comfortably as if in barracks. A soldier's ingenuity is proverbial, and it is really surprising to see how, with few tools and scanty resources, men make themselves snug, comfortable and happy.

(To be continued.)

CASES FROM THE SURGICAL PRACTICE

OF THE LATE JOHN M'CLELLAN, M.D.,
Of Greencastle, Franklin Co., Pa.

[Read before the Franklin Medical Society.]

(Concluded from page 129.)

Inflammation succeeding a Puncture of the Thumb in sewing up an ill-conditioned wound after death.

On the 30th of July, 1826, I assisted Dr. Brotherton in stitching up a large wound on the back of a gentleman who died after an operation performed a few days previously for a large cancerous tumor, which had affected the lumbar vertebræ. The friends of the deceased requested us to dress up the wound so that it would not abuse his clothes, which we inconsiderately did by stitching the edges together; and, unfortunately, we both wounded our thumbs with the needles, which were dull and charged with the ill-conditioned matter. The consequence was not serious with me, though at that time very ill with a liver complaint, and yellow as an Indian, for the matter only produced a moderate inflammation in the part injured, which continued for a week, and suppurated, and when the matter was let out the part healed. The affair was a very serious one to Dr. Brotherton, for on the evening after he

received the injury in his thumb, a violent inflammation took place, attended with high fever, and intolerable pain, which extended up his arm. The fever ran so high that in the night he became delirious, and could not prescribe for himself. In the morning he sent for Drs. Oelig, Ligget, and Walker, who bled him plentifully, and gave him physic, which lessened the fever considerably. He sent for me to consult with the other physicians. When I came I found him in a high fever, with flushed face, and strong pulse, and in excruciating pain. We agreed to bleed him more, and keep up the purging. After being bled largely, and well purged his fever abated, and in the morning he was easy, and continued so for some days, and ventured to go into his office, and to live rather freely. He was again seized as bad as before. The inflammation in his hand and arm became almost insupportable, attended with high fever. He had to undergo the same treatment as before, with the addition of calomel, so as to affect his gums and bring on salivation. Poultices of different kinds were applied. Blisters were likewise used, but with no apparent benefit. The thumb suppurated, and was opened, and there was a considerable discharge of matter. He then got easier and continued to mend slowly, but was very much debilitated by the excessive pain and fever, with the loss of blood, purging, want of sleep, and the salivation. This is a disease on which I have seen nothing published, except a few observations by Mr. Shaw, in the *Medical Recorder*, but if we had pursued his plan of pouring in laudanum and other diffusible stimuli in the highly excited state of the Dr.'s system, I am sure the disease would not have ended so favorably. He was evidently benefited by a directly opposite mode of treatment.

Paralysis of the Bladder.

On the 10th of August, 1828, I was called to see J. B., aged 78 years, in great misery from retention of urine. His pulse being strong I bled him largely, gave him an injection which operated freely, and had him put into the warm-bath. This treatment afforded no relief. I then introduced the catheter, and drew off a quart of urine. He now became easy. In the night he was worse again, and could not void his urine. I was called out early in the morning and bled him, and introduced the catheter again, and drew off nearly as much urine as before. I remained with him that day and the next night, and drew off the water three times, for he became very uneasy every five hours. I then found that there was no prospect of his soon voiding his urine without the assistance of the catheter, and concluded to leave the instrument in the bladder. Dr. Boggs attended with me after that time, and we let the catheter remain in a week, allowing the urine to flow off about every five hours. At the end of a week we took out the instrument for fear of incrustations, but there was no appearance of any. We remained with him for five hours, with the expectation that he might void his urine, but we were disappointed, for he became much pained, and could not. We then introduced a fresh catheter, as the one which had been in was considerably spoiled. We let that one remain in better than two weeks, and waited again five hours to see if he could void his urine, but he could not, and became uneasy as before. We then substituted a fresh instrument, as the one which was last in was rendered useless. We let that one stay in for a month. We observed before the end of that time that his bladder appeared to be regaining its tone, for when it was distended, and he would endeavor to void his urine, the tube being corked, he could force the water out along the side of the catheter. This argued favorably, and we at last took out the instrument, and he could void his urine without it. This case appeared to be a paralysis of the bladder, the sphincters retaining their power, for if they had lost their power the urine would have passed off involuntarily. This is a disease common to old men, and carries off some of them. I believe that keeping an elastic catheter in the bladder is the best plan in such cases. This gentleman experienced very little inconvenience from the use of it. He could walk about a great part of the time. He took a variety of medicines as laxatives, diuretics, and tonics, was blistered on the sacrum, and used the cold bath occasionally. I have had a number of cases of this kind in old men, and but few of them terminated so favorably. I have relieved them for a while by introducing the catheter, but the disease returned, and after passing the instrument a few times I could not again effect it, owing to inflammation at the neck of the bladder, which closed the passage. I was aware of this in B.'s case, which made me leave in the catheter. I used the same method with some others long ago, but then I had none but a silver catheter, and they could not bear it long in. I shall

forever censure myself for not having kept elastic catheters, (though in my young days they were but little used,) for I think I might have been instrumental in saving some lives by them. I mention this as a warning to my younger brethren, who may not have seen so many of those cases. I have seen the bladder punctured twice with a trocar, but both patients died. Perhaps if the operation had been performed sooner they might have recovered.

Two Cases of Closure of the Vagina.

August 11th, 1821, Mrs. C., aged 25 years, had a difficult labor, and was roughly handled by the midwife, which caused inflammation in the vagina, and a consequent closure of it, so that after her menses returned they were confined, and could not pass away. Her situation became very distressing, and she applied to an old physician famed for his skill in female diseases. He, without examining the parts, gave her emmenagogues and forcing medicines, without any benefit—for all the medicines in his shop could afford her no relief. After suffering some time, she applied to Dr. Boggs and myself, and upon examination we found that there was an entire closure of the vagina, not far from the os externum, and that there was a large collection of the menstrual fluid above the closure. We thrust a scalpel into the tumor, and there was a great discharge, which immediately relieved her. It was not coagulated, nor had it any offensive smell, but was dark colored. This woman has since enjoyed good health, and has had several children.

September 28th, 1832, Mrs. F., aged 23 years, had a uterine hæmorrhage, and was supposed to be pregnant. The hæmorrhage was stopped, but some time after she was violently affected with pain, particularly at the time her menses should appear, and there was no discharge. She had taken emmenagogues without any benefit. She sent for Dr. Heatherington and myself. We found her in extreme misery. Upon examination we discovered that the vagina was entirely closed, high up, near the mouth of the womb, and that there was a large tumor above. We introduced a scalpel along the fore-finger up to the tumor, and thrust it in, and there was a great discharge of dark-colored menstrual fluid, which gave her immediate relief. It was difficult to keep the opening from closing again, it being so high up that it was hard to keep tents in it; but by attention and care she got well and very healthy, and menstruates regularly, but has had no children. I mention these cases, not for any novelty in them, for I know that the like have often happened, but to caution physicians to be on their guard, and to examine women carefully whose menses are obstructed.

Anatomy and Physiology of the Apparatus of Respiration; with general remarks on the Physical Capacity of the Lungs and their Uses.

By A. P. Dutcher, M. D.

Of Enon Valley, Lawrence County, Pennsylvania.

[Concluded from page 127.]

PART THIRD.

In estimating the number and degree of the respiratory movements, they will be found to be very much affected by circumstances, such as lying, sitting, standing, walking, running, and in certain diseases and particular periods of life. In the sitting posture, in the adult, it will generally vary from fourteen to eighteen per minute. In children, the respiration is much more rapid, varying from eighteen to twenty-six, according to the child's age. In estimating the pulsations of the heart and the respiration we may consider them as about one to five, and when this proportion is widely departed from, we may very fairly conclude that there is some organic difficulty in some part of the circulating apparatus, or some lesion in the nervous system. Thus, in pneumonia and pulmonary tuberculosis—in which a greater or less amount of the lung may be consolidated, and therefore unfit for use—the number of respirations increase in a more rapid proportion than the acceleration of the pulse; so that the ratio becomes as one to three, or even one to two, in accordance with the degree of engorgement.

In the disease we are about to contemplate, the respiratory movements are always increased in frequency. I remarked it in the case of a young man (who died of phthisis) five years before any other symptom of the disease manifested itself. It was at church that I first observed it, and his hurried breathing annoyed me very much. A few days after I saw him and requested an examination, expressing my fears that there was some serious chest malady. Nothing abnormal was elicited by percussion and auscultation, and as he did not complain of being unwell, he was dismissed without a prescription. I saw him frequently during the time mentioned; he appeared to enjoy good health,

and his strength was equal for his occupation, which was farming. In the sitting posture his respirations were usually thirty per minute. His pulse did not harmonize with the respiration, it was generally seventy-five per minute in the sitting posture. We give the posture, for it should be borne in mind, that this exerts a great influence upon the pulse and respiration. We shall consider this more fully in a subsequent number.

In regard to the vital capacity of the lungs, in the present state of our knowledge, it is impossible to ascertain with any degree of accuracy what amount of air they are capable of containing. By some experiments made by Mr. Hutchinson, it has been shown, that in a state of health their capacity bears a constant proportion to the height of the individual. Thus he found that the average capacity of a man 5 feet 2 inches high is about 173 cubic inches, while that of a man 5 feet 7 inches is about 224 cubic inches, and that of a man 6 feet, about 255 cubic inches. He, therefore, deduced from an extensive series of observations of this kind the general principle, that in a state of health the vital capacity has a relation to the height of the individual, and that it increases in the proportion of eight cubic inches of air for every inch of stature from five feet to six.

In some diseases of the lungs, particularly pulmonary tuberculosis, it has been found that the average reduction of vital capacity after the second stage, that is after softening has commenced, to be more than fifty per cent.; while in the first stage of the disease, that is, immediately after the deposits are formed, the average reduction is about twenty per cent. In this latter instance they must be very limited in extent and few in number. Where the disease is complicated with chronic pneumonia, and a considerable portion of one lung is involved, even in the first stage of phthisis, I have found the vital capacity very much reduced. In nervous and hysterical individuals, it will sometimes be very much reduced, and if we should estimate the health of the lungs by their vital capacity, we might arrive at the most erroneous conclusions. I do not care how accurate a spirometer we may have, we can never determine with any certainty the location or the nature of any disease that may affect the organs of respiration. Those who pretend to determine the existence of pulmonary tuberculosis by this instrument alone are charlatans.

Experiments have also frequently been instituted to ascertain how much air the lungs are capable of respiring during twenty-four hours. But most of these experiments have been so imperfectly conducted, that no very satisfactory conclusions can be deduced from them. One experimenter, for instance, fixes the average number of respirations at twenty per minute, the average quantity of air inspired at 16 cubic inches, and the total quantity that passes through the lungs in twenty-four hours at 460,800 cubic inches, or 266⅔ cubic feet. Another estimates the daily total at 530,026 cubic inches, or 306⅔ cubic feet. And a third estimates it still higher, 688,348 cubic inches, or nearly 398⅓ cubic feet. These figures are doubtless all too low. When an individual is at rest, in the sitting posture, if there be no disease in the organs of respiration, he will not respire more than sixteen times in a minute; but let the same individual be engaged at some active employment, sawing wood, for example, the respirations will be increased to double that number, and the quantity of air consumed twofold greater. An indolent man who spends the most of his time in "inglorious ease," may not consume more than 288 cubic feet during the cycle of twenty-four hours, while the active laborious man will, during the same time, respire more than 500 cubic feet. Men of the nervous and sanguine temperament, usually breathe much faster than those of the bilious or lymphatic; hence their feelings are more intense, and their activity greater.

PART FOURTH.

But, what is the use of the lungs? It is the conversion of the *venous* blood into *arterial* by bringing it into contact with the air, and thereby rendering it fit for carrying on the various operations of the body. As this action is peculiarly chemical, we must, therefore, have some knowledge of the chemical qualities of the atmosphere, before we can understand the physiology of respiration.

Chemistry teaches us that atmospheric air is composed of two distinct elementary gases, the properties of which are very different? They are called *nitrogen* and *oxygen*. The former constitutes about four-fifths of the air, and the latter, one-fifth. Nitrogen gas, when pure, possesses no active properties; it will not support either combustion or animal life, nor will it destroy either by any peculiar power of its own.

On the contrary, pure oxygen has many active and powerful properties. Bodies not commonly inflammable will burn in it with great rapidity and brilliancy, and animals live in it with an increased activity; but they cannot live so long in it as in the open air. They die sooner as they seem to live faster. But the Almighty Creator of all things designed not this element as an agent of destruction. He has, therefore, so tempered it, by uniting it with nitrogen, as to sustain the lives and conduce to the comfort of his creatures. He gives to the air that proportion of oxygen which promotes the oxygenation of the blood, promotes the combustion of wood, oil, and coal, sufficient for all the purposes of human life. Less oxygen would be insufficient to afford us the necessary fire and light; more oxygen would render combustion dangerous and destructive.

The oxygen of the atmosphere being thus the chief principle which supports life and flame, it is obvious that large quantities of this gas must be consumed every hour, and therefore that its quantity must be diminished unless there exists some source by which it is replaced. The quantity consumed must be exceedingly small, in a definite period of time, when compared with the whole, for the whole atmosphere not only surrounds the earth, but extends above it, at every point, about forty-five miles. Now, when we consider how small a portion of this immense mass comes in contact with animals or fires at one time, and that it is only those small proportions that become vitiated, we may suppose that ages would elapse before any difference could be detected in the quantity of oxygen, where there is no means of replenishment provided.

But the wisdom and design of the Deity which the study of nature everywhere detects, and which is so constantly vouchsafed for the benefit and comfort of man, has not left so important a principle as that of vital air to be consumed without a source of regeneration. It has been fully established by experiment that vegetation is the source from which the atmosphere is replenished with oxygen, and so far as is known, this is the only source. Growing plants, during the day, absorb carbonic acid from the atmosphere, decompose the gas, emit oxygen, of which it is in part composed, and retain the carbon to increase their growth.

Any individual who may doubt the fact that oxygen is given off by vegetables, can prove it to his satisfaction by a very simple experiment. Take an eight ounce vial, fill it one-fourth full of sprigs of green mint, then fill the vial with water; then invert it in a basin of water, and leaving it for a short time exposed to the action of the sun's rays, small bubbles will begin to appear on the surface of the leaves. These bubbles are oxygen, which, rising into the upper part of the vial, will, in a few days, afford a sufficient quantity of pure gas for the purpose of performing several interesting and beautiful experiments.

But our atmosphere contains other elements beside oxygen and nitrogen. They are not, however, proper normal constituents of the air, but are foreign exhalations from numerous sources on the land and the sea. Wherever man moves, his fire, his food, the materials of his dwelling, the soil he disturbs, all add their volatile parts to the atmosphere. Vegetation, death and decay pour into it copiously substances foreign to the composition of pure air. The combustion of one ton of coal, it is said, adds at least sixteen tons of impurity to the atmosphere; and when we estimate the daily consumption of coal, the addition from this source alone, the amount becomes enormous.

Experiments have frequently been made for the purpose of estimating these additions, and the results of those most carefully conducted, show how very slightly all these combined causes affect the general composition of our atmosphere; and although the present refined methods of chemical science enable us to detect the presence of an abnormal amount of some substances, no research has yet been successful in determining how far this varies the natural quantity at all times necessarily present in the atmosphere. In this instance, nature, has also instituted means of purification, and we need not fear that the atmosphere will ever become materially deteriorated in purity by any of these noxious emanations. The agent which accomplishes this is called *ozone*, or ozonized oxygen. It is said, that when this substance is brought in contact with nitrogenized bodies, it forms with them nitrous acid, completely destroying their former condition and composition; hence in the atmosphere ozone becomes a purifier of the whole mass, from which it removes putrescent exhalations, miasmatic vapors, and the effluvia from every source of land and sea.

Having thus presented a general outline of the anatomy of the organs of respiration, and the chemical qualities of the atmosphere, it remains

for us briefly, in conclusion, to notice the changes wrought in the blood by respiration. We have already stated that the essential change wrought in the blood in the lungs is its conversion from venous to arterial. This is shown at once by its alteration from a deep purple to a bright red color. The principal difference between the venous and arterial blood is, that the venous contains less fibrine, than the arterial, probably because a portion of the fibrine of the latter is deposited in the tissues during the act of nutrition. It is also believed, from chemical research, that arterial blood contains more oxygen and less carbon than venous blood. From these considerations, then, we infer that during respiration, the venous blood loses carbon, acquires oxygen, has its proportion of fibrine increased, and is thus better adapted for carrying on the nutrition of the body. But not only is arterial blood best fitted for maintaining the health of the various organs and functions of the body, but it is absolutely necessary for the preservation of life. Indeed, if this were to be withdrawn but for a few moments, we would sink into the slumbers of death, and disappear for ever from the living world.

ILLUSTRATIONS OF HOSPITAL PRACTICE.

COLLEGE OF PHYSICIANS AND SURGEONS, *November 10th*, 1862.

CLINIC OF PROF. WILLARD PARKER, ASSISTED BY PROF. MARKOE.

HYDROCELE.

This case has been presented before, and was treated by passing a thread through the tunica vaginalis. A considerable inflammation ensued, and the ligature was removed after 48 hours. Now we find that all the fluid is removed, although there is considerable enlargement of the testicle which is not uncommon in these cases.

ABDOMINAL TUMOR.

Female, 4 years of age. Five weeks ago she was attacked with a pain in the side, and very soon after passed eleven long worms in the space of a week—she had been previously well. Three or four days after, a tumor showed itself in the left hypogastric region. The history of the case; the heat, the fluctuation, indicate that it is an inflammatory swelling; probably a solid tumor which has undergone softening. When such a change does take place the tumor usually points toward the surface instead of toward the internal organs.

DIASTASIS.

Male, 9 years of age. October 5th he received an injury from a fall, which it was supposed produced dislocation of the head of the humerus. It was treated by a surgeon of standing and eminence, but the peculiar condition of the joint in which the injury consists was not discovered, viz., a dislocation forward of the epiphysis of the head of the humerus while the head itself remains in place. There is pretty free motion of the joint, and the use of the arm will not be materially interfered with; in view of which, and the length of time since the displacement, we will not attempt to break up its present connections and bring it back to its normal position.

OSTEO-SARCOMA.

Female, 15 years of age—has always been healthy. Her present trouble began 15 months since, of which the first symptoms were pain in the shoulder attended by swelling, which has progressed steadily to the present time. Her mother has suffered for the last year with diabetes, but recovered under the use of permanganate of potassium. This pain and swelling commenced in the supra-spinatus fossa, and now seems to involve the whole scapula. From the fact that it has been gradually developing, and that there is no cancer nor consumption in the family, we would be inclined to pronounce it a simple exostosis; but the general system is pretty clearly involved in the matter; there is a marked cachectic appearance; the lymphatic glands are not enlarged; we must decide that it is a cancerous disease of the scapula. All that the name implies is bone and flesh. In this disease the bone becomes converted into a soft mass. The prognosis is unfavorable. The treatment is to build up the general system, and the application of cold, etc., to retard its progress. The operation would be for the removal of the whole scapula, which the condition of the patient scarcely warrants.

UNIVERSITY MEDICAL COLLEGE, N. Y., *November 8th*, 1862.

CLINIC OF PROF. ALFRED C. POST.

OSTITIS.

Male, 32 years of age. Several cicatrices are visible, indicating the site of abscesses which have at different times opened and discharged. He is subject to occasional attacks of severe pain, though there has been no discharge of bone for fifteen years. He is subject to attacks of either osteal or periosteal inflammation, which come on from cold, etc. Give him potassæ iodid., gr. iij. ter in die, and use the iodureted mercurial ointment externally. This ointment is composed as follows,—R. Ung. Hyd. Mit. ℥j.; iodinii, gr. v.; potass. iodid., ℈j. M.

SUBCUTANEOUS NEUROMA.

Female, 22 years of age. She has a small subcutaneous tumor on the inner aspect of the left knee, which Sir A. Cooper calls painful subcutaneous tumor, but which is called by modern surgeons subcutaneous neuroma. This neuroma is not the same as those situated upon the nervous trunks. If thoroughly removed it will not be likely to return. (The tumor is removed with remarkable dispatch.) Along with the tumor a considerable quantity of subcutaneous fatty matter is removed, which allows the operation to be performed much more rapidly than by dissecting it out closely, which might also leave some of it behind.

INCIPIENT RACHITIS.

Male, 5 years of age. Summer before last he received a fall from the shoulder of a young man with whom he was playing. Since last July there has been a little prominence in the dorsal region of the spine, and the abdomen has been a little enlarged; there is an unusual flattening of the epigastric region, which is a very frequent occurrence, and does not imply any heart disease. There seems to be a disposition to bend the body backward which is probably merely to balance it. I recommend him to take ℞ liq. ferri. nitratis, fʒss; aquæ, fʒiv. Take a tablespoonful three times a day. This is tonic and astringent at the same time. Rub the back well with strong brine every morning and evening; give him good nourishing diet, such as bread and milk, beef, rice, mutton, etc.

HYDROCELE OF THE CORD.

Male, 13 months old. A swelling in the right side of the scrotum extends up to the groin. We often find in children hydrocele and hernia. To distinguish them you will find in hernia the testicle in the lower part of the scrotum. On following up the swelling to the groin it does not distinctly terminate, but seems to extend up into the groin. In attempting to pass this swelling up into the groin we find that it is not reducible. On examining it with a light we find it to be translucent. It is therefore a hydrocele of the cord. We will evacuate the fluid simply at this time; we have not found so good success with counter-irritants as we had been led to expect from the remarks of Sir A. Cooper.

MEDICAL SOCIETIES.

New York Academy of Medicine, *November 11th*, 1862.

Anniversary Address by S. Conant Foster, M.D.

THE PHYSICIAN'S KNOWLEDGE.

On the enunciation of the truth that "knowledge is power" no one stops to analyze it except perhaps mentally; but when we come to answer the question—What is knowledge? we shall see that it is not any exercise of the imagination; not alone what is gained by the perceptive faculties. Theories do not constitute knowledge, which is power. True knowledge is something which is certain, positive, the prophet and interpreter of things to come. Knowledge is gained with special effort. A man of general knowledge is seldom in error in his statements. General knowledge is general power. Special knowledge enables one to accomplish what no one without such knowledge could do successfully, as in medicine or the arts. Special knowledge acts upon material objects; general knowledge acts upon the mind.

What is the nature of the physician's knowledge? The ideal physician is a man habituated to careful study; to doubt everything which is not recommended to his understanding by demonstrative evidence. He is accustomed to compare the results of his own observation with the observations of others. He is to exert a controlling influence over the forces of nature. He is the appointed administrator of the ordinances of the Creator.

In comparing physic with law, we find that in the latter there is a certain ebb and flow of human justice; the sphere of legal knowledge is inevitably narrow, and its tendency is to contract. the mind. Theology is more enlarged in its scope, but is enveloped in a considerable mystery. Its positive knowledge is limited to what is revealed. A clergyman's usefulness is not unfrequently limited by his personal influence upon his hearers. Medicine has to deal with matter of fact. New laws are continually discovered; new scientific truths are continually developed.

A great effort has been made of late years to popularize scientific knowledge. Physicians have taken the lead in the measure. There are few physicians at this day who would be unwilling to explain the modus operandi of their remedies, and the reason they have ever been unwilling to do so is on account of the popular ignorance of medical science. To be understood they would have to teach first a little anatomy, a little physiology, a little materia medica, a little chemistry, etc. A physician must possess good health of both body and mind. Though he might be able to prescribe for others he should not prescribe for himself.

Notions of therapeutics are very widely spread. A knowledge of the anæsthetic properties of chloroform has penetrated to the utmost parts of the globe. So of quinine. It becomes the interest as it is the pleasure of the man of true science, to lend his aid to the diffusion of true knowledge.

The knowledge of a law is the result of repeated experiments. The moment one begins to talk of hypothesis it begins to be doubted. The true way is to combine theory with practice. To be a good theorist one must be a good observer; he must not overlook half he sees nor set down more than he sees, nor throw his observations into a confused mass. Infallibility is an attribute only of Divinity. Errors may become most instructive.

As the public mind becomes more enlightened there is less tendency to ignore scientific facts. In former times there was no difference in scenic representation between the scientific physician and the charlatan. I would extend the great work of educating the people in medical science. "A *little* learning is a dangerous thing," I would give the people *much*. Let them learn what they can of anatomy, physiology, chemistry, etc. While the telescope reveals the stars, let the microscope reveal the atoms of matter.

The relation of the physician to his patient is an interesting and important one. He arrives, examines his patient's pulse, tongue, etc., writes his prescription, gives a few directions as to diet, and leaves. One asks, "What does it amount to?" If a Croton pipe had burst and you had sent for a plumber, you would have *seen* his work at a glance. The physician during his brief visit has done much. He recognizes the form of the disease as he would the features of a familiar friend. He gets the history of the case, and perhaps attributes the disease to some unsuspected cause.

It must not be forgotten that nature always attempts to cure the patient, and remembering this, the physician must select from the whole range of nature the remedy best calculated to aid her in her efforts; he must consider the time and quantity to administer; he must also employ such moral agencies as he may be able to command. All this the physician must bring to bear in every case he examines; an amount of knowledge not required by any other profession; a knowledge which every physician *must* have who excells. In America the physician may have a certain practical sagacity which will make up much of the deficiency of the thorough knowledge which is required in the old country. Our country should be more glorious in the future than in the past, and civilization will keep pace with liberty. The practical object of medical science is to relieve suffering humanity, and he who practices it will have his susceptibilities quickened; he will not seek the high places, but will be content with the delight he feels in the possession of knowledge which benefits his fellow man. The profession need not go about begging recognition, but should go on patiently rearing that grand temple whose foundation was laid centuries ago.

N. Y. PATHOLOGICAL SOCIETY.
November 12th, 1862.

TUMOR OF SCALP.

Prof. ALFRED C. POST exhibited a small tumor from beneath the scalp of a female, aged 50 years. It was situated near the junction of the lambdoidal and sagittal sutures. It was supposed to be encysted, but found to be situated between the periosteum and the bone, and the denuded surface of the cranium was very rough. On microscopic examination by Dr. Draper, the tumor was found to consist of fibro-plastic material.

LITHOTRIPSY.

Prof. POST also exhibited some fragments of a stone in the bladder, which had been crushed—the fragments having been removed on several different occasions. All the fragments passed readily till they reached the glans penis, from which point they were removed principally with the forceps—one of these fragments was so large that it was necessary to slit the urethra for half an inch to allow its passage. The first crushing was easily done till it approached the urethra. There was a mild attack of epididymitis following the irritation of the urethra.

INJURY TO THE HIP-JOINT.

Dr. LEWIS A. SAYRE presented specimens of bone from a lad, upon whom he had operated for hip-disease, preceded by a kick from a horse. On making a section down to the joint he found a fibro-cartilaginous material, the neck being entirely absorbed. The trochanter major was sawed off. The boy was placed in wire breeches till the wound was entirely healed, and then his leg was placed in a sling, and he was allowed to move about as he pleased. The leg is about an inch shorter than the other. The motion of the limb is perfectly free.

Dr. Sayre also presented specimens of bone from a boy 14 years of age, upon whom he had operated for hip-joint disease induced by a fall. The suppuration was more extensive than he had ever known. A large fluctuating tumor could be felt with the finger in the rectum, indicating perforation of the illium. He operated on the 3d of July, sawing off the trochanter major. The shaft of the femur had perforated the illium which prevented luxation, and caused a fracture just above the knee. The limb was put in a straight position after giving exit to the pus within the illium. Diarrhœa set in four weeks afterward. An opening appeared on the inner aspect of the thigh, communicating with the abscess, from which a piece of bone escaped, which proved to be an exfoliation of the femur. Three weeks ago, went home well; wound healed and patient able to stand.

In the third case presented by Dr. Sayre, the head of the femur was entirely gone. At the end of six or seven weeks the child was entirely well.

The fourth case was a girl, 13 years of age, in whom the disease had existed seven years; she had all the symptoms of the disease. There were four sinuses leading to the joint, which was surrounded by a deposit of fibro-cartilaginous matter. This led to fracture of the limb in attempting dislocation. Is now perfectly well, and runs around with other children.

The fifth case had disease since it was five

years of age, and was 14 when operated upon. He cut down to the bone and found an involucre a quarter or half inch in thickness surrounding it, and extending some two inches down the shaft of the femur, below which the femur was sawed off. This case shows the importance of an early performance of the operation. If the dead bone had been removed before new bones had been thrown out, the operation would have been much simplified. At the end of nineteen days he took cold, which was followed by pneumonia; then came on stiffness of the muscles, then tetanic convulsions, which lasted five days, and were at last relieved by ice to the back and neck, and chloroform. He died in twenty-seven days after the operation.

STRANGULATED HERNIA.

Dr. Sayre narrated also a case of strangulated hernia, upon which he had operated. The patient had been subject to inflammatory attacks for the last twenty years. There was a femoral hernia on the right side. On enlarging the stricture the intestines returned, but a tumor still remained outside, which was omentum, and had begun to be gangrenous. A needle was passed through it, ligatures passed around, and it was removed sectionally, The patient is well.

Prof. Post thought it better to excise strangulated hernia than to attempt to remove it by ligature. The results are more favorable.

SUPERNUMERARY THUMB.

Prof. Jacobi exhibited a supernumerary thumb from the left hand of a girl 8 months of age. There was a slight swelling where it had been attached to the metatarsal bone. There was another supernumerary thumb upon the right hand, which had no joint. There was considerable additional anomaly of growth of both hands and feet. In neither of the families had such anomalies been found before. In none of the toes was there a double metatarsal bone.

PNEUMONIA IN AN INFANT.

Prof. Jacobi also presented the lungs, liver, stomach, and kidneys of an infant 5 months old. There were tubercles in the upper lobe of the right lung; strong adhesion between the upper and lower lobes: on making an incision the whole lobe was found solidified by tubercular infiltration. Other portions are also tubercular, but not to the same extent. This condition exists not only on the right but also on the left side. The liver is in a state of fatty degeneration. The spleen is firmly enlarged and filled with granular tubercular matter. The kidney is enlarged, and the distinction between the cortical and other portions is obliterated. The parents of the child had two other children, both of whom died early. It is supposed there was hereditary syphilis in these cases, though denied by the parents. Tubercle in the adult is almost always confined to the upper lobes, but in an infant it is as often found in the lower lobes. Pneumonia in the adult is generally in the lower lobes, but in children it is chiefly in the upper lobes.

TUMOR ON THE HEAD OF AN INFANT.

Prof. Jacobi also presented the brain of a child two days old. At birth there was a peculiar tumor on the head. The infant was perfectly well developed, except the head was a little smaller than usual. The tumor on the back of the head was about six inches in diameter, the lower part being covered with hair, and the upper part with a transparent bluish membrane. It bore some scars. There was no fluctuation, but some elasticity, and was believed to contain brain and serum. Forehead was a little low and somewhat inclined backward, but in other respects natural. Was an operation advisable? It was certain that the child could not live long without it. A case within his knowledge had been operated on by ligatures, and lived five years. Another case operated on in the same manner terminated favorably. Another operated on by puncture lived but nine days. In this case the operation was performed by making an oval incision, commencing at the base of the tumor. He cut down to the cerebral matter, dissected off the skin, and applied the écraseur to avoid hæmorrhage. He was obliged, however, to use the knife to accomplish its entire removal. A few stitches were put in the skin. After the operation the child appeared as well as usual. On the second day there was slight coma, which passed away on the third. There was now slight twitching, and it took the breast. Fourth day perfect union had taken place, enclosing the lint which had been introduced. Fifth day removed the lint. Tenth day all well, apparently. Eleventh day, convulsions, and died. Post mortem showed that one of the ventricles had been opened, from which a quantity of serum escaped at the time of the operation, yet after this the child lived eleven days. There is thickening of the falx, and the ventricles contain a purulent fluid. The frontal suture was as large as we see it in children five or six months old. Every one of the bones is perforated and transparent. In congenital rachitis the same condition of the cranium is found. The transparent spots are surrounded by a thickening of bone.

PENETRATING WOUNDS OF THE CHEST.

Prof. Thomas M. Markoe gave the history of a case which he first saw in the New York Hospital, ten days ago. While on Staten Island the man was stabbed four times in the left side, between the fifth and eighth ribs, the wound penetrating the cavity of the pleura. He saw the patient four hours after the accident. There was no effusion of blood, no consolidation; breathing a little faster than usual. Applied a large blister to relieve the pain, and on the third day he

breathed with great difficulty, but respiratory murmurs could be heard low down. It was supposed that the pericardial cavity might have been opened—but there was no evidence of pleuritic effusion, no dullness, nevertheless the patient died. The post-mortem made forty-eight hours after death, revealed the fact that the diaphragm had been punctured by the stabbing instrument, in two places, through which a large part of the colon had passed up and pressed against the lungs, and was distended with gas so as to give resonance on percussion. Cases of hernia into the cavity of the chest are not uncommon.

OVARIAN TUMOR.

Dr. E. R. PEASLEE presented an ovarian tumor which had been tapped twenty-seven times—the fluid having been supposed to come from the peritoneal cavity. The patient was operated upon on the 27th of August—the tumor being about the size of a gallon bottle. It was removed with the ligature. Putting the hand within the cavity, he found another tumor on the other side, which was also removed. Some parts were found to be very vascular, leading to considerable hæmorrhage. Much of the surface looks like the tuft of the placenta. The ligatures have come away within the last four days, having been retained doubtless by the granulation, sufficient traction to remove them not having been applied. Fluid formed again, but underwent decomposition. The cavity was evacuated, and then injected to induce adhesion. This was necessary twice a day, for four weeks. The fluid used for cleansing the cavity was water, albumen, and salt. The same course was pursued in a similar case, seven years ago. A gallon of fluid was used at a time to wash out the peritoneal cavity.

Dr. SAYRE remarked that the treatment was interesting in view of the fact that the danger from morbid accumulations was greater than from the operation simply.

FATTY DEGENERATION OF PLACENTA.

Dr. T. C. FINNELL, President of the Society, presented the fœtus and placenta of a woman, 27 years of age. She was over five months pregnant, but had felt no motion of the child. He found her in very severe labor, which continued till the mass was thrown away. A large amount of blood followed it, and the patient died eight hours afterward. The placenta has undergone fatty degeneration and atrophy. The point of interest is the sudden death of the patient from the loss of a comparatively small amount of blood.

The Ohio College of Dental Surgery has concluded to hold a session this winter. The lectures were to begin on the 10th of the current month.

EDITORIAL DEPARTMENT.

PERISCOPE.

HOARSENESS.

The following we copy from the Paris correspondence of the *British American Journal of Medicine.*

The *Journal des Connaissances Médicales* publishes some curious remarks, by Dr. Caffe, on hoarseness. A sore throat, having its seat in the larynx, is often followed by a partial loss of voice, which it is very difficult to remove. Singers and public orators are frequently attacked with sudden and obstinate hoarseness. When Napoleon I. returned from Elba, he was seized with this affection but a few hours before he had to reply to the harangue of the municipality of Lyons. His physician, Dr. Fourreau de Beauregard, prescribed the following potion:

Liquid ammonia	10 drops.
Syrup of Crysimum	45 grammes.
Infusion of blossoms of the lime tree	90 "

To be taken in one draught.

It produced the desired effect immediately, and was afterward known by the name of "Imperial potion." The late Dr. Bennati, of Paris, physician to the Italian Theatre, who himself possessed one of the finest voices known, and lost his life in consequence of injuries received from an unmanageable horse, used to prescribe the following gargle for hoarseness:

Water	250	grammes.
Alum	6	"
Diacodon syrup	60	" Mix.

To be used every half hour.

TREATMENT OF EAR-ACHE.

A corespondent of the *Journal of Materia Medica*, says:—

In numerous cases of ear-ache, I have used the vapor of chloroform with perfect success. I take a common tobacco-pipe, place a wad of cotton in the bowl, then drop eight or ten drops of chloroform upon it, and cover with another wad of cotton; place the stem to the affected ear, then blow into the bowl; the chloroform vapor is carried into the ear, and the pain almost instantly ceases.

DATURINE AS A MYDRIATIC.

M. Jobert de Lamballe has for some time past been employing as a mydriatic agent in his ophthalmic practice, and as a substitute for the various preparations of belladonna, a simple solution of daturine. The facts upon which he founds his preference for this drug are the following: Daturine is three times as strong as atropine and its salts, and may consequently be used in propor-

tionately smaller doses. When introduced between the eyelids no pain is produced, neither is the vision dimmed, as when belladonna is employed. The effects produced are, moreover, more reliable and constant, as well as more durable.—*Lancet.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 15, 1862.

Our late assistant editor, Dr. L. C. Butler, having been called to the performance of other duties which are likely to detain him for some time, it has become necessary for him to sever his editorial connection with this journal for the present, at least. We found in him an efficient co-laborer, who devoted his talents and energies to the literary and business management of the Reporter with earnestness and zeal, and much to its advantage, and that of our readers. We part with him with regret, and with our best wishes for his future prosperity and usefulness.

IMPORTANT ORDERS BY THE MEDICAL DIRECTOR OF THE ARMY OF THE POTOMAC.

Two years ago, our apparent military status for a great nation, was contemptible in the eyes of the world, and the medical department of our army shared the insignificance of the army itself. Both were small, though well organized, but both met the requirements of the times. But we suddenly became involved in war, on a gigantic scale, when the little one became a giant in strength and energy. Our army swelled from a few thousand, to many hundred thousand men. The transition was felt in all its departments. Men in subordinate positions unexpectedly had greatness thrust upon them. The road from a lieutenancy to a brigadier or major-generalship was a royal one. So, the advancement from the lower to the higher grade of medical positions was rapid and easy. The scientific attainments of the large majority of the medical officers of the old regular army rendered them well worthy of this rapid advancement, and they have, as a rule, shown themselves so. They occupy, very creditably to themselves and the country, most of the higher medical offices in the army.

Among the most important of these offices is that of Medical Director of the Army of the Potomac, now filled by Dr. Jonathan Letterman. The Army of the Potomac is one of the largest armies of modern times, and the medical interest attached to so large a body of men is very great. Peculiar talents were needed in so responsible a position as that of Medical Director of such an army. The importance of this position is much greater than is generally supposed, or than is appreciated by the Government as evidenced in the rank and emoluments assigned to it. It is not alone the sickness and the casualties of war incident to an army of a hundred and fifty thousand men in active service, that require the attention of its medical head, but the whole sanitary arrangements of the army, whether in camp, on the march, or in the field require his constant and vigilant care.

How thoroughly Dr. Letterman performs his duties, may be in part judged of from the important orders emanating from him published in the present and last week's numbers of the Reporter. He has re-arranged the medical supply table in its most minute details, and an inspection of it, as published last week, will show that scarcely any thing is left to be desired. His reorganization of the field hospital and ambulance corps is a signal proof of his ability and fitness to creditably fill his position. We believe it has the cordial approbation of the surgeon-general as well as the general commanding the army, and it is calculated to prevent much suffering, and to afford speedy relief to the sick and wounded.

In a quiet, unobtrusive way, with that modesty that is indicative of true greatness, Dr. Letterman has done, and is doing much to place the medical department of the army of the Potomac on a footing that will challenge the admiration of the country. In this important work he has had the countenance and hearty co-operation of our very efficient and energetic surgeon-general. We trust that through their influence Congress will remove the clogs that prevent the medical department of our army from accomplishing all the good that it is capable of.

EDITORIAL NOTES AND COMMENTS.

The Treatment of Fractures by Simple Extension—Dr. Sumner Rhoades, of Ithaca, New York, writes:—I have been greatly interested in Dr. Swinburne's notion of treating fractures with more extension, and less lateral splintering. I have satisfactorily treated in his mode two cases of Colles' fracture, and now have a third one

under treatment. I have also at present a case of fracture of the leg—both bones—that I am treating on Day's splint placed in the double inclined plane position,—making extension by adhesive plasters attached to the foot-piece of the splint, and counter extension merely by the pressure of the splint upon the under side of the thigh; but without any lateral splints. This is the eighteenth day since the injury, and all is going on favorably.

Garibaldi.—We trust that it is not going to turn out that this hero and patriot is going to lose his life by bad surgery. Soon after it was learned in England that Garibaldi was seriously wounded in the foot, his sympathisers in that country, made up a fund for his benefit, most of which seems to have been expended in sending Mr. Partridge, a London surgeon, to give the benefit of his advice in the case. Mr. Partridge found a division of opinion existing between the surgeons in attendance, as to whether the ball was still in the wound or not. After an examination he decided that it was *not*—pocketed a large fee, and retired. The symptoms continuing very grave, M. Nèlaton was sent for from Paris it appears, who discovered that the ball *was still in the wound*, At the last accounts, it was a question whether amputation would not have to be resorted to, with some doubt whether that would save the life of the noble man.

Under the circumstances, would it be any thing more than fair for Mr. Partridge to subscribe heavily toward the "Garibaldi Fund?"

Hospital for Officers.—A hospital for officers has been established at Camac's Woods, near this city. It has been given to the Government without charge, by Dr. Camac. The price of board has been arranged at $3.50 per week, which covers all incidental expenses. Application for admission must be made to Dr. King, Medical Director, No. 1103 Girard street.

Perhaps we "know nothing about war," but we believe in officers who share, in some degree at least, the privations and sufferings of their men. Why should not officers be treated in the same military hospitals that their men are—in an officers' ward, if need be?

The medical officers of the "Officers' Hospital" are: Dr. W. CAMAC, Surgeon in Charge; Dr. WM. HUNT, Visiting Surgeon; Dr. J. J. Black, Resident Surgeon; T. BROWN, Cadet.

ARMY AND NAVY NEWS.

Field Hospitals in the Army of the Potomac.

CIRCULAR.

HEADQUARTERS ARMY OF THE POTOMAC,
Medical Director's Office, October 30, 1862.

In order that the wounded may receive the most prompt and efficient attention during and after an engagement, and that the necessary operations may be performed by the most skillful and responsible surgeons at the earliest moment, the following instructions are issued for the guidance of the Medical Staff of this Army; and Medical Directors of Corps will see that they are promptly carried into effect:

Previous to an engagement there will be established in each Corps a Hospital for each Division, the position of which will be selected by the Medical Director of the Corps.

The organization of this Hospital will be as follows:

1st. A Surgeon in charge;
One Assistant Surgeon to provide food, shelter, etc.;
One Assistant Surgeon to keep the records, etc.

2d. Three Medical Officers to perform operations; Three Medical Officers as Assistants to each of these Officers.

3d. Additional Medical Officers and Hospital Stewards and Nurses of the Division.

The Surgeon in charge will have general superintendence, and be responsible to the Surgeon-in-Chief of the Division for the proper administration of the Hospital.

The Surgeon-in-Chief of Division will detail one Assistant Surgeon, who will report to, and be under the immediate orders of, the Surgeon in charge, and whose duties shall be to pitch the Hospital Tents and provide straw, fuel, water, blankets, etc.; and, when houses are used, to put them in proper order for the reception of wounded. This Assistant Surgeon will, when this shall have been accomplished, at once organize a kitchen, using for this purpose the Hospital mess chest and the kettles, tins, etc., in the ambulances. The supplies of beef stock and bread in the ambulances, and of arrow root, tea, etc., in the hospital wagon, will enable him to prepare quickly a sufficient quantity of palatable and nourishing food. All the Cooks, and such of the Hospital Stewards and Nurses as may be necessary, will be placed under his orders for these purposes.

He will detail another Assistant Surgeon, whose duty it shall be to keep a complete record of every case brought to the Hospital, giving the name, rank, company, and regiment, the seat and character of injury, the treatment, the operation if any be performed, and the result; which will be transmitted to the Medical Director of the Corps, and by him sent to this office.

This officer will also see to the proper interment of those who die, and that the grave be marked with a *head-board*, with the name, rank, company, and regiment, legibly inscribed thereon.

He will make out two "tabular statements of wounded," which the Surgeon-in-Chief of Division will transmit within thirty-six hours after a battle; one to this office, (by a special messenger, if necessary), and the other to the Medical Director of the Corps to which the hospital belongs.

There will be selected from the Division by the Surgeon-in-Chief, under the direction of the Medical Director of the Corps, three medical officers, who will be the operating staff of the hospital, with whom will rest the immediate responsibility of the performance of all important operations. In all doubtful cases they will consult together, and a majority shall decide upon the expediency and character of the operation. These officers will be selected from the Division without regard to rank, but *solely* on account of their known prudence, judgment, and skill. The Surgeon-in-Chief of the Division is enjoined to be specially careful in the selection of these officers, choosing only those who have distinguished themselves for surgical skill, sound judgment, and conscientious regard for the highest interest of the wounded.

There will be detailed three medical officers to act as assistants to each one of these officers, who will report to him and act entirely under his direction.

It is suggested that one of these assistants be selected to administer the anæsthetic. Each operating surgeon will be provided with an excellent table from the hospital wagon, and, with the present organization for field hospitals, it is hoped that the confusion and the delay in performing the necessary operations so often existing after a battle, will be avoided, and all operations hereafter be *primary*.

The remaining medical officers of the division, except one to each regiment, will be ordered to the Hospital to act generally as assistants and dressers.

Those who follow regiments to the field will establish themselves, each one at a temporary depot, at such a distance or situation in the rear of his regiment as will insure safety to the wounded, where they will give such aid as is immediately required; and they are here reminded, that whilst no personal consideration should interfere with their duty to the wounded, the grave responsibilities resting upon them render any unnecessary exposure improper.

The Surgeon-in-Chief of the Division will exercise general supervision, under the Medical Director of the Corps, over the medical affairs in his Division. He will see that the officers are faithful in the performance of their duties in the Hospital and upon the field, and that, by the Ambulance Corps which has heretofore been so efficient, the wounded are removed from the field carefully and with dispatch. Whenever his duties permit, he will give his professional services at the Hospital, and will order to the Hospital, as soon as located, all the Hospital wagons of the brigades, the Hospital tents and furniture, and all the Hospital stewards and nurses. He will notify the captain commanding the Ambulance Corps, or, if this be impracticable, the first lieutenant commanding the division ambulances, of the location of the Hospital.

No medical officer will leave the position to which he shall have been assigned without permission; and any officer so doing will be reported to the Medical Director of the Corps, who will report the facts to this office.

Medical Directors of Corps will apply to their Commanders on the eve of a battle for the necessary guard and men for fatigue duty. This guard will be particularly careful that no stragglers be allowed about the Hospital, using the food, etc., prepared for the wounded.

No wounded will be sent away from any of these Hospitals without authority from this office.

Previous to an engagement a detail will be made by Medical Directors of Corps of the proper number of medical officers, who will, should a retreat be found necessary, remain and take care of the wounded. This detail the Medical Directors will request Corps Commanders to announce in orders.

The skillful attention shown by medical officers of this army to the wounded upon the battle-fields of South Mountain, Crampton's Gap and the Antietam under trying circumstances, gives the assurance that, with this organization, the Medical Staff of the Army of the Potomac can with confidence be relied upon under all emergencies to take charge of the wounded entrusted to its care.

Blank form of Report to the Medical Director.

TABULAR STATEMENT of wounded in the battle at the day of , 186

REGION OF BODY WOUNDED.	MISSILE.				AMPUTATIONS.				CHLOROFORM.		TOTAL.
	Cannon Ball.	Shell.	Bullett.	Other.	Primary.	Secondary.	Exsections.	Other operations.	Given in	Deaths from	
Head											
Neck											
Chest											
Abdomen											
Back and spine											
Hips and genitals											
Shoulder											
Arm											
Forearm and hand											
Thigh											
Leg											
Foot											
OTHER OPERATIONS											
TOTAL											

This report will be sent to the Medical Director of the Army (by special messenger, when practicable) within thirty-six hours after a battle.

....., *Surgeon.*

JONA. LETTERMAN,
Surg. and Med. Director.

Personal.—Surgeon R. H. Alexander has been ordered to report to Major-General Banks as Medical Director. * * * Assistant Surgeon William E. Spencer has been ordered to report to Major-General Banks as Medical Purveyor. * * * Surgeon R. T. Creamer has been assigned to duty as Acting Medical Purveyor at St. Louis. * * * Assistant Surgeon R. O. Craig, is to report to the Head-quarters of the Army of the Potomac, for duty. * * * Surgeon J. P. S. Baxter, United States Volunteers, to report to Major-General Banks for duty. * * * Assistant Surgeon H. R. Tilton, United States Army, to report to the Assistant Surgeon-General at St. Louis. * * * Surgeon E. E. Phelps, United States Volunteers, to report to Brattleboro, Vermont, to examine recruits in connection with the draft. * * * Surgeon C. S. Lamb is relieved as Medical Purveyor in the city of Washington, by Medical Storekeeper Johnson.

Dr. William S. Saunders of Sturbridge, Mass., a well known physician, was found dead Wednesday afternoon, about half a mile from Fiskdale village, on the road to Holland. The cause of his sudden death is supposed to have been disease of the heart, with which he had long been troubled.

Navy.—W. H. Campbell, of Watertown, has been appointed Assistant Surgeon in the Navy. * * * Acting Volunteer Surgeon Lorresilly is ordered to the *Brandywine*. * * * Acting Volunteer Surgeon J. Solis Cohen, of this city, has been ordered to the U. S. Steamer *Stettin*, which is expected to sail to-day from New York.

Medical Department of the West.—The following changes have been made since our last issue:—

Surgeon C. McMillan, U. S. Vols., has been assigned as Medical Director of General Sherman's command, Memphis, Tenn. * * * Surgeon Bartow Darrach, U. S. Vols., has relieved Surgeon D. L. McGugin 3d Iowa Cavalry, as Surgeon-in-charge of the convalescent Hospitals Benton Barracks, Mo. * * * Surgeon T. W. Fry, U. S. Vols., has been ordered to report to Medical Director Head, for Hospital duty in Louisville, Ky. * * * Surgeon Henry A. Martin, U. S. Vols., is assigned to duty at Ironton, Mo. * * * Surgeon M. Goldsmith, U. S. Vols., has been detailed for the general supervision of the Hospitals in Louisville, Ky. * * Assistant Surgeon E. Dodd, U. S. Vols., is doing duty temporarily at Jefferson Barracks, Mo. Assistant Surgeon A. C. Van Dean, U. S. Vols., has been ordered to Sedalia, Mo., to establish a Hospital at that place.

Five hundred patients were this week transferred from the hospitals of Washington, to those of this city.

NEWS AND MISCELLANY.

Pension Examining Surgeons.—The commissioner of Pensions has made the following additional appointments of examining surgeons:

PENNSYLVANIA.—Drs. H. P. Moody, Wilkesbarre; Charles Marr, Scranton; P. R. Wagenseller, Selin's Grove,

OHIO.—Drs. L. M. Whiting, Canton; A. H. Agard, Sandusky; James Dunbar, Cambridge.

IOWA.—Drs. Isaac Windle, Des Moines; E. S. Barrow, Davenport; Freeman Knowles, Keokuk.

INDIANA.—Drs. John C. Helm, Munice; S. C. Whiting, Vincennes; James C. Buot, Vernon: W. C. Dickey, Centreville.

WISCONSIN.—Drs. John Gridley, Kenosha; P. R. Hoy, Racine.

MISSOURI.—Dr. Julian Bates, St. Ferdinand.

NEW HAMPSHIRE.—Dr. James H. Wheeler, Dover.

KENTUCKY.—Dr. J. J. Temple, Covington.

MASSACHUSETTS.—Dr. Oliver S. Root, Pittsfield.

KANSAS.—Drs. S. C. Harrington, Lawrence; J. W. Robinson, Topeka.

ILLINOIS.—Dr. Alonzo Garcelon, Lewistown.

Abatement of the Yellow Fever at Wilmington, N. C.—The abatement of the epidemic in Wilmington, we are glad to say, continues steadily. The following is the statement for the week ending Friday night Oct. 31st:—

	New Cases.	Deaths.
Saturday, October 25th	17	10
Sunday, " 26th	22	5
Monday, " 27th	13	5
Tuesday, " 28th	12	9
Wednesday, " 29th	24	4
Thursday, " 30th	25	4
Friday, " 31st	13	3
Total	116	40

This exhibits a decrease of 78 new cases and 71 deaths, as compared with the statement of the previous week. Among the last victims of the fever was Dr. T. C. Worth, Vice-President of the Howard Association.

Sugar of Lead in Poisoning by Bichromate of Potassa.—I was called upon, as a chemist, to propose an antidote to bichromate of potassa, in a case of accidental poisoning which had resisted the usual means of relief. Without hesitation I recommended the use of large doses of sugar of lead. Accordingly ten grains were administered, an estimate having proved that this quantity would be sufficient to precipitate all of the poison taken. The patient, a lady 35 years of age, was suffering under extreme nausea and intolerable pains in the stomach, the pulse had become faint and irregular, and the sufferer desired to be let alone that death might end her sufferings. In a few minutes after the administration of the above, a large quantity of chrome yellow was thrown up, the patient was immediately relieved from pain and nausea, and a delightful glow of warmth overspread her whole frame. The pulse speedily returned to its normal condition, and the patient recovered without experiencing any further inconvenience.—*Prof. Joseph Tingley.*

Tight Bandaging.—A medical trial of some importance occurred a short time ago at Rouen. M. Lodieu, an Officer of Health, was called in for treating a boy with a fracture of the forearm. He put on a very firm contentive bandage, which was, by the advice of a physician, loosened three days afterwards; but the mischief was done, mortification had set in, and the boy lost his hand in consequences. An action having been brought against the surgeon, several of the highest professional authorities were called upon to give their opinion, and as is usual under such circumstances, "the doctors disagreed." Messrs. Guersant and Velpeau stated that the bad result was altogether due to the injudicious treatment adopted, while Messrs. Tardieu, Jobert, and Duchaussoy remarked that the surgeon was not to blame. It was true that the bandage had been rather tight, but the child had not complained of any pain, and it was impossible to say whether gangrene had been produced by the fracture or the bandage. M. Lodieu was, however, condemned to pay 4000fr. damages. An appeal has now been made to the Cour de Cassation in Paris, the defence being that there was at most a "scientific error" in the treatment, about which no tribunal was competent to judge. —*Dublin Med. Press.*

The Trade in Liquorice.—In a very interesting paper by Mr. P. L. Simmonds, in the *Chemist and Drugyist*, on the subject, it is stated that 31,917 cwt. or liquorice paste and juice, representing a money value of £99,454, was supplied in the year 1860, when the duty of £1 per cwt, was abolished. From Turkey we receive the largest quantity of paste—viz., at 16,790 cwt.; from France the smallest—viz., at 757 cwt. In the latter country there is an extensive use of liquorice water in the promenades and public places under the name of *coco*. It is also extensively sold as a drink in the streets of Turkey and Egypt under the name of *ergooss*, in the manner of sherbet. Under the name of Pontefract cakes, small liquorice lozenges, stamped with the arms of the town from whence they take this name, are still sold by our chemists and druggists. The fibres and small branches which are removed in trimming the root, are dried and ground to powder and are much used by druggists for rolling pills, in order to give consistency and substance to the compound.—*Med. Press.*

OBITUARY.

SIR BENJAMIN C. BRODIE.—A late steamer from England brings with it the sad tidings of the decease of Sir Benjamin Collins Brodie, one of the most distinguished English Surgeons of modern times. He was born on the 9th of June in 1783, at Winterslow, in Wiltshire, of which parish his father was rector. After studying at the Anatomical School of Mr. Wilson, in Windmill street, and subsequently at St. George's Hospital, under Sir Everard Home, he became in 1803 Assistant Surgeon at St. George's, and full Surgeon in 1822. He gave a formal course of lectures on Surgery, from 1808 to 1830; and from 1830 to 1848, with the exception of a single year, he delivered an annual series of clinical lectures. In 1828 he was appointed Surgeon in Ordinary to his Majesty King George IV., whom he attended in his last illness. On the death of Sir Everard Home, in 1832, he was appointed to the office of Sergeant Surgeon to King William IV., who conferred upon him the farther honor of a baronetcy in 1834. Sir Benjamin Brodie was Sergeant Surgeon to her present Majesty, and also to his late Royal Highness the Prince Consort. In 1851 he received from the University of Oxford the honorable degree of D. C. L. He was also a Corresponding Member of the Imperial Institute of France, and a member of various other learned societies of Europe and America; and was elected President of the Royal Society in 1858, an honor which had never before been conferred upon a Surgeon. Sir Benjamin Brodie is well known as the author of several works of high authority in our profession, and of various physiological papers. He was compelled, sometime since, to retire from his position as President of the Royal Society, owing to increased bodily infirmities; his mental faculties, however, remained unimpaired. He leaves a widow and two sons.

MARRIED.

BRINTON—CLEMENS.—On Thursday evening, Nov. 13th, by the Rev. Robert C. Matlack, Dr. J. Bernard Brinton, U. S A., and Sallie W., daughter of the late George S. Clemens, all of this city.

ODELL—ROBINSON.—On Tuesday Nov. 11, at the Church of the Redeemer, Morristown N. J., by Rev. John Bottom, George M. Odell, M. D., of Fredericton, New Brunswick, and Susan Philipse, daughter of the late Morris Robinson, Esq., of New York.

SMITH—ANDREWS.—At St. Louis, Nov. 4th, by Rev. W. G. Eliot, Dr. A. Hamilton Smith, of Philadelphia, and Miss Lelia J. Andrews, of St. Louis.

STANIWAY—WENSLEY.—On Tuesday, Nov. 11th, by Rev. J. A. McGill, at his residence in New York, Mr. Chas. Staniway, Assistant Surgeon U. S. A., of Galveston, Texas, and Miss Emma Wensley, of New York, formerly of Eng.

DIED.

FARRELL.—At his father's residence in Greenport, near Hudson, N. Y., on Monday afternoon, Nov. 10th, Dr. Jacob H. Farrell, aged 40 years.

LANE.—Suddenly, at the residence of his father in Washington, D. C., on the evening of Nov. 5th, Dr. Edward G. Lane, a graduate of Jefferson Medical College, aged 23 years.

REMINGTON.—In this city on the 10th inst., Isaac Remington, M. D., in the 59th year of his age.

SELLERS.—On Sunday evening, the 2d inst., in Pottstown, Montgomery county, Pa., Dr. Tobias Sellers, in the 82d year of his age.

Vital Statistics.

OF PHILADELPHIA, for the week ending November 8, 1862.

Deaths—Males, 133; females, 114; boys, 66; girls, 65. Total 247. Adults, 116; children, 131. Under two years of age, 167. Natives, 186; Foreign, 48. People of color, 15.

Deaths in the United States Army Hospitals, 21.

Among the causes of death, we notice—Apoplexy, 3; convulsions, 8; croup, 6; cholera infantum, 0; cholera morbus, 0; consumption, 34; diphtheria, 16; diarrhœa and dysentery, 10; dropsy of head, 0; debility, 16; scarlet fever, 7; typhus and typhoid fever, 10; inflammation of brain, 3; of bowels, 6; of lungs, 19; bronchitis, 3; congestion of brain, 6; of lungs, 2; erysipelas, 0; hooping-cough, 2; marasmus, 10; small-pox, 1.

For week ending November 9, 1861.....196.
" " November 1, 1862.....206.

Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2299.7.

OF NEW YORK, for the week ending Nov. 3, 1862.

Deaths—Males, 157; females, 172; boys, 83; girls, 94. Total, 329. Adults, 152; children, 177. Under two years of age, 120. Natives, 205; Foreign, 115; Colored 4.

Among the causes of death, we notice—Apoplexy, 9; infantile convulsions, 20; croup, 23; diphtheria, 11; scarlet fever, 6; typhus and typhoid fevers, 7; cholera infantum, 1; cholera morbus, 0; consumption, 56; small-pox, 3; dropsy of head, 7; infantile marasmus, 17; diarrhœa and dysentery, 10; inflammation of brain, 6; of bowels, 5; of lungs, 20; bronchitis, 9; congestion of brain, 4; of lungs, 4; erysipelas, 0; hooping-cough, 0; measles, 0: 166 deaths occurred from acute disease, and 35 from violent causes.

Population of New York, by the census of 1860, 814,227. Mortality, 1 in 2475.

OF BOSTON, for the week ending Nov. 1, 1862.

Deaths—Males, 32; females, 27. Total, 59. Natives, 36; Foreign, 23.

Among the causes of death, we notice—Phthisis, 11; cholera infantum, 3; croup, 2; scarlet fever, 1; pneumonia, 5; variola, 0; dysentery, 1; typhus fever, 3; diphtheria, 1; hooping-cough, 0; convulsions, 0.

Population of Boston, 1860, 177,902. Average corrected to increased population, 74.75. Mortality, 1 in 3015.3.